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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/623,609			ling Date 22/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
FOR NUMBER FILED				.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	∈ N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	•
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =		•			X \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	If the specification and sheets of paper, the ap is \$250 (\$125 for smal additional 50 sheets of 35 U.S.C. 41(a)(1)(G)			pplication size fee due Il entity) for each r fraction thereof. See					(1)	
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(]					
* If t	the difference in colu	ımn 1 is less than	r "0" in colu		TOTAL		1	TOTAL				
APPLICATION AS AMENDED – PART II OTHER TH (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EI											ER THAN ALL ENTITY	
AMENDMENT	02/08/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 72	Minus	·· 72		= 0	ı	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	8	Minus	~~ 8		= 0		X \$ =		OR	X · \$200=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
ENT	RCE 8/2/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT - EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 72	Minus	7a		= /		x \$ =		OR	x \$ =	
M	Independent (37 CFR 1.18(h))	. 8	Minus	8		= /		x \$ =		OR	x \$ =	
EN I	Application Size Fee (37 CFR 1.16(s))											·
AMENDMEI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								/	OR		7
T A F										OR	TOTAL ADD'L FEE	•
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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